

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017237

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 307 Primary Registration District No. 6047 Registrar's No. 13

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Saint Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saint Charles</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Cuivre Township</u>		c. CITY OR TOWN <u>O'Fallon</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>RR #1 O'Fallon</u>		d. STREET ADDRESS (If outside, give location) <u>RR #1</u>	
3. NAME OF DECEASED (Type or print) <u>Albert Joseph Koch</u>		4. DATE OF DEATH <u>April 18, 1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIAGE <u>Never Married</u>	8. DATE OF BIRTH <u>7/30/1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (City and state or country) <u>Saint Peters Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Koch</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Hoecklemaun</u>	
14. NAME OF HUSBAND OR WIFE <u>Alga Koch</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT <u>Alga Koch RR #1 O'Fallon Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY Occlusion</u> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus</u> PART III. If deceased was female was there a pregnancy in last 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____	
21. I attended the deceased from <u>2 Feb 1957</u> to <u>17 Apr 63</u> and last saw him alive on <u>17 Apr 63</u> Death occurred at <u>3:25 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Rene J. DuMont</u>		22b. ADDRESS <u>O'Fallon Mo</u>	
22c. DATE SIGNED <u>21 Apr 63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>4/25/1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Assumption Cemetery</u>	
23d. LOCATION (City, town, or county) <u>O'Fallon Missouri</u>		23e. DATE RECD. BY LOCAL REG. <u>April 22 1963</u>	
24. FUNERAL DIRECTOR <u>O'Fallon Mortuary Inc</u>		25. REGISTRAR'S SIGNATURE <u>Martin F. Buff</u>	
26. ADDRESS <u>O'Fallon Mo</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

APR 29 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Charles J. Callahan

Licensed Embalmer No. 5128

P. O. Address O'Fallon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.